

Helping qualified North Dakota homeowners get the financial help they need to make housing stability possible



Application Portal

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

ND Homeowner Assistance Fund (ND HAF)

Front End User Guide

June 20, 2022

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FRONT END USER GUIDE OVERVIEW

Introduction:

This User Guide will provide step-by-step instructions for navigating the North Dakota Homeowner Assistance Fund (NDHAF) application portal, which can be utilized by Applicants, Contact Center Staff, and other stakeholders who require familiarity with the public facing aspect of the application portal.

Audience:

This User Guide is intended for any potential Homeowner Application end-users (e.g., Applicants, Contact Center staff, Case Management staff, etc.,).

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FIRST TIME LOGIN (APPLICANT)



ND HAF Portal URL:

https://ndhousingstability.servicenowservices.com/nd_homeowner_assistance_fund

When accessing the website, you will be asked to login. As a first-time user, you will have to create a new account.

Step 1a: Select "Register" to be directed to the Applicant Registration page.





Step 1b: You will be redirected to the account registration page, where you will be required to enter the following information to register an account:

- Your First Name
- Your Last Name
- Your Email Address
- Confirm Email
- Click the **check box** next to agree to the State Privacy Policy
- Click Submit

Home	Program Overview	Help & Support			Language English 🗸
			Account Registration		
			First Name: *		
			Last Name: *		
			Email address: *		
			Confirm Email: *		
				I agree to the State Privacy Policy *	
			Submit		



Step 2: After submitting account information, the following page opens.

You will also receive an email notification **Customer Registration Processed** with registration credentials and confirming that the registration was successful.





Step 2a: Once credentials are received via the email notification, return to the home screen, and use credentials from the notification to log in.

Email notification will provide:

- Link to the application portal website
- User ID
- Temporary password

Enter your username and temporary password into the Log In form.

LOG IN	
User name	
1	
Password	
Forgot Password ?	Login



Step 2b: Follow reset password instructions to complete first time login.

- Enter the password you were given in your email in **Current Password**.
- Enter a new password and confirm it in the **New Password** and **Confirm new Password** fields.
 - The password must be between 8 40 characters long and contain at least 1 digit(s), 1 uppercase letter(s), 1 lowercase letter(s) and 0 special character(s).
- Click Submit.

(j) System administrator requires you to change your passwo	and the second se	×
Change Password		
User name:		
John.Doe		
Current Password:		
New password:		
Confirm New Decounds		
Submit		
		Ū

You have now successfully created a new account and are ready to begin the next step!



START A NEW HAF APPLICATION

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Department of Human Services

HAF APPLICATION OVERVIEW



The following are Pre-Eligibility requirements to apply for the ND HAF Program:

- 1. Be a full-time North Dakota resident and request assistance for only your primary residence.
- 2. At least one member has experienced a hardship related directly, or indirectly, to the COVID-19 pandemic such as qualifying for unemployment, increased expenses or reduced income since March 13, 2020.
- 3. Can report household income that is no more than 150% of the area median income (AMI).

ENTER APPLICATION PORTAL

ND HAF Portal URL:

https://ndhousingstability.servicenowservices.com/nd_homeowner_assistance_fund

Step 1: Enter the Application Portal.

- After logging in, you will be redirected to the home page.
- Click 'Application Portal'.



START A NEW APPLICATION



Step 2: Start a New Application

On the Homeowner Assistance Fund Application page, click Start New Application.

Homeowner Assistance Fund Application		
If you are a homeowner requesting assistance and you do not see your request below, you can start a new application below.		
Start New Application >		

START A NEW APPLICATION

Step 2: Start a New Application

A window pops up with the **ND Homeowner Assistance Fund Document Checklist** listing required and recommended documents for application processing.

Optional: Click the **Print** button to print the document checklist.

Confirm you have the '**Required'** forms of documentation readily available to facilitate application submission.

Click the **Continue to application** button to begin the application process.





Step 3: Provide the **physical address of the primary residency** for which assistance is being requested.

- Provide the address of the property.
- Provide the **city** the property is in.
- Provide the **zip code** of the property.
- Press Validate Address.

14

Pre-Eligibility If for any reason you need to stop or log out, please scroll down and click on the Save Draft button at the bottom right of your screen, and all the information entered will be saved for the next time you log back into your application. *Denotes required file		
Provide the physical address of the property for which assistance is being requested.		
Address line 1:*		
Address line 2:		
City:*		
State:*		
North Dakota		
Zip code:*		
Validate Address		

Step 4: Review address information in **the Confirm Address** pop-up and select **Accept Formatted Address**.

NOTE: If the Address Validation is unsuccessful, select "**Retry**" to revise the address information and re-validate. If validation is still unsuccessful after another attempt, the user will be able to move forward with an unvalidated address.

NOTE: The "County" field will auto-fill based on the zip-code identified by the validated address. If the address is unable to be validated, a drop-down selection will generate for the user to manually select the county of residence.



Dakota Be Legendary."

Step 5: Complete Pre-Eligibility questions to help identify ability to meet Primary residency.

The following questions are asked to determine program eligibility.

- Do you currently own and occupy this residence?
- What is the total number of household members that occupy this residence?
- Is this your primary residence?
- Select property type. Select from the following choices:
 - Owner-occupied single-family home (1 unit)
 - Owner-occupied with rental (2-4 units)
 - o Condominium
 - o Manufactured Home on rented land
 - o Manufactured Home on owned land
 - Owner-occupied home with homebased business
 - o Farm/Ranch
 - \circ Other

Do you currently own and occupy this residence?*	
Yes No	
What is the total number of household members that occupy	this residence? *
-Select-	
Is this your primary residence?* 🧑	
Ves No	
Select property type *	
-Select-	

Dakota Be Legendary.

Step 6: Complete Pre-Eligibility questions to help identify ability to meet Income (AMI).

The following question are asked to determine if your household meets the <150% AMI Eligibility threshold:

• What was your total annual household income for 2021?

What was your total annual household income for 2021?*

If no income enter 0.00

NOTE: In the income field, enter 0 if you do not have any source of income.



An applicant may be eligible for the HAF program if they receive other forms of government assistance.

The following questions are asked to identify if the applicant was eligible for any government programs listed as follows:

- TANF
- SNAP
- LHEAP
- SSI (not SSA retirement or disability income)
- WIC
- Head Start
- Child Care Assistance
- Medicaid

If you are eligible for one or mor of the programs, select **Yes** question **I attest I have been eligible for one of the listed programs**.

NOTE: If a user selects Yes, to the above question, they will be asked to provide documentation on the **Homeowner Information page**.

 TANF 	
 SNAP 	
 LIHEAP 	
 SSI (not 	SSA retirement or disability income)
 WIC 	
 Head sta 	art
 Child Ca 	re Assistance
 Medicai 	4
I attest I h	ave been eligible for one of the listed programs.*
⊖ Yes	○ No



The following questions are asked to identify if the applicant meets **COVID-related hardship** eligibility criteria and determine application prioritization.

- Identify from the items below any COVIDrelated hardship(s) you or a household member have experienced since March 13, 2020.
- Click the checkbox for all COVID-related hardships that apply.
- In the text box, Please describe how COVID-19 has impacted your household.

Reduction in overall household income:
Worked fewer hours and/or hours worked were less regular
Laid-off/furloughed
Employer closed temporarily
Employer closed permanently
Loss of contracts and/or other self-employment income
Significant costs or out-of-the-ordinary expenses:
Costs related to child care or school disruptions
Caregiving for other family members
Medical expenses or costs related to overall health care
Funeral expenses
Housing costs
Other hardship:
Extended time off to care for children/family member
Extended time off due to personal health/COVID
No financial hardship experienced
Other (please describe)

Please describe in your own words how COVID-19 has impacted your household. *



- If you wish to complete the remainder of the application later, click the **Save Draft** button.
- If you wish to continue to complete the Homeowner Information portion of the application, click the Next: Homeowner Information button.

Upon clicking **Next: Homeowner Information,** if you have been deemed eligible for program assistance, you will be directed to the next page.

If you have been deemed ineligible, an error notification will alert you to the reason you do not meet eligibility criteria (e.g., This program only applies to Primary Residences or Must reside in North Dakota).



Step 8: On the Homeowner Application page, respond to the question **Do you consider yourself fluent in English?**

Click **Yes** if you are fluent in English.

If you need additional language support, click **No** the following question will populate:

- Click Yes to the question Would it be helpful for you to have access to program information in a language other than English?
- Enter Your preferred language in the text box that appears.

Homeowner Information		
If for any reason you need to stop or log out, please scroll down and click on the Save Draft button at the bottom right of your screen, and all the information entered will be saved for the next time you log back into your application.		
	*Denotes required field	
Do you consider yourself fluent in English? *		

Would it be helpful for you to have access to program Ves ONO	information in a language other than English? *
Please list your preferred language(s):*	
	//

Click the **Add Household Member** button to complete household member information for each individual living in your household.

NOTE: The number of household members entered must match the number entered on the Pre-Eligibility page.

Household Member Information Required

- First Name
- Last Name
- What is the Relationship of this household member to the head of Household (drop-down selection)
 - **NOTE:** At least one household member must be identified as "**Self**" to submit the application.
- DOB (Calendar selection)
- Age will be calculated based on DOB entered

One household member must be identified as 'Self	
Add Household Member	
First Name:*	
Middle Name:	
Ī	
Last Name: *	
Suffix:	
What is the relationship of this household member to the head of household?*	
-Select-	
Date of Birth: *	
Select Date	

No household members have been added

Household Member information continues on the next page.





- Sex
- Are you of Hispanic or Latino Origin? (Drop-down selection)
- Race (Drop-down selection)
 - If **Pacific Islander** or **Asian** is selected, complete the drop-down question **Please specify further your race.**
- Marital Status (Drop-down selection)
- Employment Status
 - NOTE: If Student/Unemployed or Disabled/Unemployed are selected, the question "Have you received income in the last 2 months?" will be triggered
 - If Yes is selected, user will be prompted with a drop-down to identify which assistance program provided income

Sex:*
Male Female Prefer not to say
Are you of Hispanic or Latino origin?*
-Select-
Race:*
Asian 🗸
Please further specify your race: *
Asian - Chinese 🗸
Marital Status:*
Married V
Employment Status: *
Student/Unemployed 🗸
Have you received income in the last 2 months?*
Yes No
Please select the type of income you received *
-Select-
-Select-
Unemployment Child Suspent
Child Support
Other
filed tax return (2020 or 2021) for this household member only.*

Household Member information continues on the next page.

Household Member Information Required

- Current or most recent occupation
 - **NOTE:** If "Other" is selected, enter occupation details in the text box that populates
- 2020 or 2021 total annual income for the household member only
- Most recent month's income
- Previous month's income
- Social Security number (Optional)
- Add Document for Proof of Income

NOTE: In the income fields, enter 0 if you do not have any income.

Once all fields are completed, review information and click **Submit** to save the household member information.

Food service - all o	other (ex. host, dishwasher)	~
Please enter the ar filed tax return (20	nual gross income submitted on the r 20 or 2021) for this household membe	nost recently er only. *
20000.00		
Most Recent Month	's Income *	
1000.00		
Previous Month's I	ncome*	
1000.00		
Providing a Social	Security Number is encouraged, as it v of program eligibility and application	vill allow for processing.
Providing a Social 3 faster verification of SSN: Please format as 5	Security Number is encouraged, as it v of program eligibility and application -digit number	will allow for processing.
Providing a Social : faster verification of SSN: Please format as S Please provide inco as filed with the IR only); 2020 W-2s, in months) for this ho	Security Number is encouraged, as it of of program eligibility and application -digit number ome documentation (for example, cop S for the household for CY 2020 (first the focome statement or pay stubs from pr susehold member?* ⑦	will allow for processing. y of Form 104 wo pages ior two
Providing a Social : faster verification of SSN: Please format as S Please provide inco as filed with the IR only); 2020 W-2s, in months) for this ho Add Document	Security Number is encouraged, as it v of program eligibility and application -digit number ome documentation (for example, cop S for the household for CY 2020 (first t noome statement or pay stubs from pr pusehold member?* (?)	will allow for processing. y of Form 104 two pages ior two



Step 9: Review completed Household Member information in the Household member table.

- To add another Household Member, click the Add Household Member button
- Once household member information is completed, the Total amounts for Income, Most Recent Month's Income, and Prior Month's Income will be updated to reflect the total amounts across all household members.
- The number of household members identified as living in the housing unit must match what was submitted on the Pre-Eligibility page. If an inconsistent number is entered, the you will be instructed to resolve the information.
- To edit the household member information, click on the pencil icon to reopen the household member record. Within the record, you may delete the household member by clicking the **Delete** button on the bottom of the page.

	Name	What is the relationship of this household member to the head of household?	Date of Birth:	Sex:	Income	Most Recent Month's Income	Prior month's income:	Edit
	test test	Self	1997-06- 04	Female	20,000.00	1,000.00	1,000.00	/
	test 2 test	Child	2019-06- 12	Male	0.00	0.00	0.00	/
	Total				20,000.00	1,000.00	1,000.00	
1	You have claimed 1 household members , but have entered 2 above. Please Add/Remove household members. Or edit your response from section 1.							
	Add Household Member							

Step 10: Provide contact information for the primary applicant. This information is needed for NDHAF Case Reviewers to communicate regarding the application and for notifications to be enabled.

- Homeowner email address
- Re-enter Homeowner email address
- Homeowner phone number
- Re-enter Homeowner phone number
- Is this a cell phone number?

NOTE: If you selected **Yes** to is this a cell phone number, the following questions will be prompted:

- Would you like to receive updates to your application via text message?
- Select your carrier (Drop-down selection).

Homeowner email address *	
test@test.com	0
Re-enter Homeowner email address*	
test@test.com	0
Homeowner phone number *	
7013334444	0
Re-enter Homeowner phone number*	
7013334444	0
7013334444 Is this a cell phone number?*	0
7013334444 Is this a cell phone number?* Ves O No	0
7013334444 Is this a cell phone number?* Yes No Would you like to receive updates to your application via text message	✓
7013334444 Is this a cell phone number?* Yes No Would you like to receive updates to your application via text message Yes No	S
7013334444 Is this a cell phone number?* Yes No Would you like to receive updates to your application via text message Yes No Select your carrier:*	♥

Step 11: Complete mailing address information.

Select Yes or No to the question Is your mailing address the same as your residence address?

- If No, complete address information and select Validate Address
 - If the validation is unable to identify the address, click **Retry.**
 - If after a second attempt the address could not be confirmed, click **Use My Address** to continue with the application.

Is your mailing address the same as your residence address?*					
🔾 Yes 🔘 No					
Mailing address line 1:*					
10 Mail Street					
Address line 2:					
City:*					
Fargo					
State:*					
North Dakota	~				
Zip code: *					
58102					
Validate Address					
🚺 Confirm Address	×				
You Entered:	US Postal Service Format:				
10 Mail Street Unfortunately, we got a little lost and Fargo, North Dakota 58102 could not find the address you extend					
	could not find the address you entered.				
If you choose to continue without an address that was not validated by USPS, your application will be delayed so that your address can be reviewed.					
	Retry Use My Address				

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Step 12: Complete the following questions to provide proof of identification.

Select Yes or No to the question Do you have a valid (or expired eight years or less) photo driver's license or photo identification card issued by North Dakota or another State?

- If **Yes**, click Add Document to upload proof of identification
- If **No**, use the drop-down to select the type of identification that can be provided.
 - Click Add Document to upload a copy of your selected identification



Verifiable Employer-Issued ID Card with Photograph

Work Authorization



Step 13 (Prerequisite): If user answered Yes to the question As of March 13, 2020, have you been eligible for any of the following programs? on the Pre-Eligibility page, the following question will populate:

At any time since March 13, 2020, did you or a member of your household receive assistance from ANY of the following federal, state, or local government assistance programs?

Select the check box for any benefit program(s) a household member receives assistance from.

NOTE: If SSI, WIC, or Head Start programs are selected, click the **Add Document** button to upload documentation that provides proof of enrollment or assistance.

At any time since March 13, 2020, did you or a member of your household receive assistance from ANY of the following federal, state, or local government assistance programs? *					
The following programs require documentation					
SSI (Not SSA retirement or disability income)					
wic					
Head Start					
Please upload documentation(s) of eligibility *					
Add Document					

The following programs do not require documentation
Temporary Assistance for Needy Famililes (TANF)
Child Care Assistance
Supplemental Nutrition Assistance Program (SNAP)
LIHEAP
Medicaid



Step 14: Answer the following question to determine accessibility needs **Do you have home** accessibility needs that are currently unmet or are difficult to meet in your current home?

Do you have home accessibility needs that are currently unmet or are difficult to meet in your current home? *		
Back: Pre Eligibility	Save Draft	Next: Housing Expenses

Step 15: Review completed Homeowner Information and move on to the Housing Expenses Information page.

- Once complete, click **Next: Housing Expenses** to move on to the next application page.
- Click **Save Draft** to save the application in its current state and complete later.
- Click **Back: Pre-Eligibility** to review or edit information completed on the prior page.

COMPLETE HOUSING EXPENSES

Step 16: Determine if Homeowner is seeking assistance for past due and future mortgage payments or other homeowner expenses. Applicants are permitted to seek both.

If seeking assistance with mortgage payments, answer the following question and submit the details regarding your loan

- Do you have an open loan on your home?
 - If Yes, detailed questions regarding loan assistance will populate in a loan information modal.

For guidance on completing loan information, go to page 31.

Step 17: Provide homeowner expenses. These are expenses related to housing other than Mortgage Payments incurred directly or indirectly, due to the novel coronavirus disease (COVID-19).

- Are you seeking assistance with one or more of these homeowner expenses?
 - If **Yes**, the Add Homeowner Expenses button with populate. If **No**, the applicant will have the ability to go to the next page.

For guidance on completing home expense information, go to page 36.





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COMPLETE LOAN INFORMATION

Step 18: Click the Add Loan button to open the form.

Select one of the following Loan Servicer options in response to Who do you make your mortgage payments to? :

- North Dakota Housing Finance Agency
- Gate City Bank
- Other

If North Dakota Housing Finance Agency or Gate City Bank

is selected, you will be asked to provide authorization for mortgage information to be shared with lenders.

Select the **Authorization** check box and enter the following information:

- Borrower's First Name
- Borrower's Last Name
- Last Four Digits of SSN
- Email Address
- Loan Account Number
- Monthly Payment Amount

Click Add Document to upload documentation for the loan.

Click Validate Loan.

Tell us about your loan				
Who do you make your Mortgage Payments to?*				
North Dakota Housing Finance Agency				
I authorize the above persons, agencies, firms or corporations to make available any documents or record related to the program for inspection and copying.*				
Borrower's First Name*				
Borrower's Last Name*				
Last four digits of SSN *				
Email address * 🕜				
Loan Account Number*				
Monthly Payment Amount*				
0.00				
Please upload documentation for your loan * Add Document Validate Loan				

Department of Human Services



Step 19a: If **Other** was selected for **Who do you make your Mortgage Payments to?** Complete the questions in the loan modal.

Enter the following information:

- Borrower's First Name
- Borrower's Last Name
- Last four digits of SSN
- Email address
- Loan Account Number
- Monthly Payment Amount
- Loan Escrowed
- Is there another borrower on the loan?
 - If yes, additional mandatory questions will populate to capture borrower information.

🖹 Tell us about your loan	×	Is there another borrower on the loan?*
		Yes No
Who do you make your Mortgage Payments to? *		First Name: *
Other	~	
Borrower's First Name*		Last Name:*
Borrower's Last Name *		Last four digits of SSN *
Last four digits of SSN *		Email address * ⑦
Email address* ⑦		
Loan Account Number*		
Monthly Payment Amount*		
0.00		
Loan Escrowed *		
-Select-	~	

Loan information continues on the next page.



Step 19b: If Other was selected for Who do you make your Mortgage Payments to? Complete the questions in the loan modal.

Lo

Enter the following information:

- Mortgage Position
 - Select from First, Second, or Other
- Loan Servicer Name
- Loan Servicer Address Line 1
- Loan Servicer Address Line 2
- Loan Servicer City
- Loan Servicer State
 - North Dakota will be selected as the default, but may be updated
- Loan Servicer Zip Code
- Loan Servicer Email
- Loan Servicer Phone Number
- Loan Origination Date
- Loan Original Principal Amount
- Loan Type
 - Select the appropriately loan type from the drop-down

Mortgage Position *
First 🗸
Loan Servicer Name *
Servicer
Loan Servicer Address Line 1*
Test
Loan Servicer Address Line 2
Loan Servicer City *
Fargo
Loan Servicer State *
North Dakota 🗸

an Servicer Email *	Loan Type * 🕜
estemail@account.com	-Select-
an Servicer Phone Number*	-Select-
222-222-222	HUD-184
an Origination Date	USDA Private-Label Security
2021-06-09	Reverse Mortgage Portfolio Lending
an Original Principal Amount	Chattel Mortgage Land Contract
5000.00	Conventional Other

Loan information continues on the next page.

Step 19c: Complete the remaining mandatory questions on the loan modal.

Enter the following information:

- Next payment due date
- Active bankruptcy?
- Is this loan past due?
 - If **Yes**, select the most applicable date range from the drop-down that populates for **How many days past due?**
- Is this loan in default?
 - If **Yes**, complete the following questions:
 - When was the date of your last on-time payment?
 - Total amount past due less any fees
 - Loan late fees (if applicable)
 - If not applicable, enter **0** in the field
 - Have you received a foreclosure notices?
 - If Yes, select the Scheduled foreclosure date
 - Has a sheriff's sale date been scheduled?
 - If Yes, select the Scheduled sale date

Next payment due date *	
2022-06-30	
Active bankruptcy? *	
Ves No	
Is this loan past due?*	
Yes No	
How many days past due?*	
-Select-	~
-Select-	
1 - 30 days	
31 - 60 days	
91 - 120 days	
121 - 180 days	
181+ days	

Is this loan in default? *
Yes O No
When was the date of your last on-time payment?
Select Date
Total amount past due less any fees *
0.00
Loan late fees (if applicable): *
Enter 0 if no late fees
Have you received a foreclosure notice?*
Ves No
Has a sheriff's sale date been scheduled?
Ves No

Loan information continues on the next page.

Step 19d: Complete the remaining mandatory questions on the loan modal.

Enter the following information:

- Have you been offered a loan modification of workout options from your loan servicer within the past 12 months?
 - If Yes, select the type of loan modification or workout options (Covid Forbearance, Forbearance, FHA Partial Deferred, Loan Modification
 - Enter balance amount
- Add Document to upload documentation for the loan
- Click Save

NOTE: A user can add multiple loans by clicking the Add Loan button after saving the initial loan.

Covid 19 Forbearance	~
-Select-	
Covid 19 Forbearance	
Forbearance	
FHA Partial Deferred	
Loan Modification	
Please select the type of loan modification or workout offered *	
Covid 19 Forbearance	~
Please enter your deferred balance amount*	
100.00	
Please upload documentation for your loan *	
Add Document	
Sa	ave

Please select the type of loan modification or workout offered *


COMPLETE HOUSING EXPENSES

Step 20: On the Housing Expenses page, add other homeowner expenses.

Select Yes to Are you seeking assistance with one of more of these homeowner expenses to confirm the Add Homeowner Expense button populates.

- In Homeowner Expense modal that pops up, select an Expense Type from the drop-down.
 - Property Tax (Not in mortgage payment)
 - Condo Fee and Homeowners Association Fee
 - Attorney Fee
 - Lien
 - Special Assessment
 - Utility

NOTE: The type of expense selected will populate applicable Homeowner Expense form questions.



🖹 Add Homeowner Expense			
Expense Type *			
-Select-	~		
-Select-			
Property Tax (Not in mortgage payment)			
Condo Fee and Homeowners Association Fee			
Homeowner's Insurance and Flood Insurance			
Attorney Fee			
Lien			
Special Assessment			
Utility			

COMPLETE HOUSING EXPENSES

Step 21: Enter all mandatory fields related to the expense.

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Select Utility Type* If Expense Type is Utility, select the Add Homeowner Expense × -Select-Utility Type Expense Type* -Select **Payee Name** Water Property Tax (Not in mortgage payment) ~ Wastewater/Sewer **Payee Address** Payee Name Natural Gas Heating oil Payee City Electricity Payee Address Line 1 Payee State Garbage Payee Zip Code Pavee Address Line 2 Payee Email **Payee Phone** Payee City Amount Requested Payee State If an expense is past due, select the North Dakota ~ Amount requested * check box next to Is Past Due Is past due ~ 100.00 Payee Zip Code* If a Utility is past due, indicate • Have you received a disconnection notice of your utility service?* if a disconnection notice has Pavee Email Yes () No been received and a What is the disconnection date? Payee Phone disconnection date if applicable 2019-06-12 Add Bill or Invoice Amount requested * Is past due 0.00 Click Save to close the form and save Please upload a copy of your most recent bill or invoice Add Bill or Invoice the expense information. Save

COMPLETE HOUSING EXPENSES

NORTH Dakota Be Legendary."

Step 22: Review Housing Expense Information and Submit.

Click Add Homeowner Expense to add additional expenses as needed.

Click the **pencil icon** to edit any existing home expense information.

Review the Loan Expense and Housing Expense tables to confirm all information is completed and accurate.

Name	Amount requested	Expense Type	Expense Subtype	Edit
test	100.00	Utility	Heating oil	1
Add Homeowner Expense				
Back: Homeowner Information			Save Draft Next: Home R	epair

- Click **Next: Home Repair** to move on to the next page of the application.
- Click **Save Draft** to save the application in its current state and complete later.
- Click **Back: Homeowner Information** to review or edit information completed on the prior page.



Step 23: On the Home Repair page, identify any Home Repair Assistance that is needed for your residence to be considered insurable.

If you select **Yes** to **Do you have any required home repairs for your residence to be considered insurable?** complete the below question.

Select the checkbox(es) to indicate any repairs needed to be considered insurable.

- Roofing
- Soffit/fascia/gutters
- Drainage and runoff management
- Electrical and plumbing systems
- Foundations

Do you have any required home repairs for your residence to be considered insurable?*
Ves O No
Which of the following repairs do you need for your home? *
Roofing
Soffit/fascia/gutters
Drainage and runoff management
Electrical and plumbing systems
Foundations



If you select **No** to **Does your home in its current state meet your physical needs?** use the drop-down selection to select the home repairs needed.

- Installation of non-portable ramp(s) or lift(s)
- Widening of doorways/hallways
- Modification of bathroom facilities
- Modification of kitchen facilities
- Installation of specialized electric and plumbing systems to accommodate medical equipment and supplies
- Turnaround space adaptions
- Specialized accessibility/safety adaptations
- Other







Step 25: Review the Home Repair section to finalize the Home Repair application.

Once selections are complete, select Next to go to the Certification page.

Describe the modifications you need *		
Installation of specialized electric and plumbing systems : \mathbf{v}		
Back: Housing Expenses	Save Draft	Next: Certification

- Click **Next: Certification** to move on to the next page of the application.
- Click **Save Draft** to save the application in its current state and complete later.
- Click **Back: Housing Expenses** to review or edit information completed on the prior page.

Step 26: After clicking **Next: Certification**, if applicant responses meet eligibility requirements for Home Repair assistance, a pop-up message will appear.



Click **Continue** to move on to the Certification Page and complete the application.

NOTE: After the HAF application is submitted, a Home Repair application will be created and available to complete on the Application Portal page.

See <u>Submit Home Repair Application</u> for more instructions.

COMPLETE CERTIFICATION



Step 27: Applicant must certify and validate responses with an electronic signature prior to application submission.

Select **all check boxes** in the Certification, Acknowledgements, and Authorization to Release Information sections of the Certification page.

Click the **Electronic Signature buttons** in each section.

Certification				
If for any reason you need to stop or log out, please scroll down and click on the Save Draft button at the bottom right of your screen, and all the information entered will be saved for the next time you log back into your				
*Denotes required field				
Please read the following statements carefully and only attest to those statements that relate to you and your application:				
I/We attest that all information provided in this application is correct and complete to the best of my/our knowledge.*				
I/We attest that one or more of my/our household members: any time after March 13, 2020, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 public health emergency.*				
I/We attest that I have a mortgage agreement and mortgage obligation for the property over the monthly period(s) for which assistance is sought under this application.*				
I/We attest that this is our primary residence and we reside at this property for over 6 months. *				
I/We attest that my/our household has not received, is not currently receiving and does not anticipate receiving assistance from another source of public or private subsidy or assistance that covers the same costs of mortgage or utility obligation submitted under the program.*				
I/We attest that the total amount of monthly income of all adult household members submitted in this application for the program is complete and accurate.*				
Electronically Sign				

COMPLETE CERTIFICATION

Step 28: Review the Certifications page and click Submit to submit the HAF application.

AUTHORIZATION TO RELEASE INFORMATION • Your signature on this form authorizes the progr	am to use this authorization and the information obtained with it, to administer and enforce					
 I hereby authorize utility companies to release n future utility usage, and biling data for the purp assistance, for coordination of services, and for j 	 I hereby authorize utility companies to release my account number and account information. This includes arrearage information, historic and future utility usage, and billing data for the purpose of allowing the State and entities acting on behalf of the State to assess eligibility for assistance. for coordination of services, and for purposes of research and evaluation. 					
 Any individual or organization, including any go for assistance. Information may be requested fro Loan Servicer, past and present employers, Soci governmental third parties. 	vernmental agency may be asked to release information to support determination of eligibility om, but is not limited to, the following persons and/or entities: courts, law enforcement agencies, al Service Agencies, utility companies, and other reasonably deemed commercial, non-profit and					
 By signing this form, I authorize the above perso program for inspection and copying. 	ons, agencies, firms or corporations to make available any documents or record related to the					
 I hereby authorize the program to publish inform awards which I may receive as part of its public t the number of eligible households that receive f per household, household income levels, and av 	nation regarding me/my household (not including personally identifiable information) and any transparency and accountability efforts. Information published may include but is not limited to unding, the type of assistance provided, acceptance rate of applicants, average funding provided verage number of monthly mortgage or utility payments that were covered by funding.					
I have read and understand the acknowled	Igements above *					
Signed By	Signed Date					
test test	6/15/2022					
Back: Home Repair	Save Draft Submit					

- Click **Submit** to submit the HAF application.
- Click **Save Draft** to save the application in its current state and complete later.
- Click **Back: Home Repair** to review or edit information completed on the prior page.

COMPLETE CERTIFICATION



Step 29: After application submission, a notification is provided to the user confirming receipt of the application.

Home	Program Overview Ap	pplications I	Help & Support	Language E	English	~
0) Thank you for your subm status of your request on	iission! You will the <u>Application</u>	receive an email confirmation for your records, but you may also <u>print your reques</u> I <u>s</u> page.	<u>t</u> . You may track	< the	

Homeowner - Confirmation of Application Submission notification will be sent to the user confirming that an application has been submitted



SUBMIT HOME REPAIR APPLICATION



Step 1: After submission of a HAF application that indicated eligibility for Home Repair Assistance a **Homeowner Application Email – Update Application for Additional Home Repair Assistance** notification will be sent to the user confirming that a Home Repair application has been opened.

Access the Home Repair Application by clicking on the **Application Portal**.

On the Application page, an associated **Home Repair** application is automatically generated and accessible from the primary HAF Application.





Dakota Be Legendary."

Step 2: Click the Home Repair Request link to open the Home Repair application.

HAF Request 0032196 1913 27TH AVE S In Review	•••
I→ Home Repair Request 0032197 > Unknown Address Draft	•••



Step 3: Review the Home Repair Application page and add home repair expenses.

Click **Add HAFHR Assistance** to add home repair expense information.

Home Repair Application	Last Saved
Request 0032385	2022-06-10 3:49pm
Home Repair	
Home Renair	
If for any reason you need to stop or log out, places scroll down and click on the Save Draft button at th	a bottom right of your screen, and all the
information entered will be saved for the next time you log back into your application.	e bottom right of your screen, and all the
	*Denotes required field
No Renair Assistance Added*	
Add HAFHR Assistance	
I certify that I understand that NDHAF is providing home repair assistance to help improve my acc	ess to a stable housing situation and
cannot guarantee the completeness of the project or the quality of the work that is completed on homeowner am responsible for this project.*	my behalf. I understand that I as
Electronically Sign	



	Repair Type*	Repair Type*
Select the Repair Typ from the list of drop-	€ -Select- ✓	-Select-
down options.	Roofing Soffit/Fascia/Gutters	Payee Name*
Complete the mandat expense information:	Dry Drainage Runoff Management Electrical	Payee Address Line 1*
Amount RequesPayee Name	ted Plumbing System Foundation Accessibility Modifications	Payee Address Line 2
Payee Address		Payee City*
Payee City		
Payee State		Payee State *
 Payee Zip Code Payee Email 		Payee Zip Code *
Payee Phone		Payee Email *
Click Add Document to repair completed and a	upload proof of the home nount of assistance requested.	Payee Phone *
Click Save to exit the fo	rm and save the expense	Please upload documentation for the amount you are requesting assistance for: * Add Document



Step 5: Review the completed Home Repair Expense table.

Review the information populated in the Home Repair table.

- Click the **pencil icon** to edit an expense line.
 - You may delete the expense line by editing the existing expense and selecting the "**Delete**" at the bottom of the expense form.
- Click Add HAFHR Assistance to add another home repair expense.

Home Repair

If for any reason you need to stop or log out, please scroll down and click on the Save Draft button at the bottom right of your screen, and all the information entered will be saved for the next time you log back into your application. *Denotes required field Payee Name Edit Repair Type Amount Requested Roof Man Roofing 500.00 Ì Total 500.00 Add HAFHR Assistance I certify that I understand that NDHAF is providing home repair assistance to help improve my access to a stable housing situation and cannot guarantee the completeness of the project or the quality of the work that is completed on my behalf. I understand that I as homeowner am responsible for this project." Electronically Sign Save Draft Submit



Step 6: Complete certification and electronically sign the document.

Once all home repair expenses have been added,

- Click the certification
 checkbox to certify the
 information provided.
- Click **Electronically Sign** to add your signature and signed date.
- Click **Submit** to complete submission of the Home Repair Application.
- Click **Save Draft** to save home repair information and to complete the application later.

Home Repair If for any reason you need to st information entered will be say	op or log out, please scroll down and click ved for the next time you log back into your	on the Save Draft button at the bottom right of your scree application. *Denotes	en, and all the required field
Payee Name	Repair Type	Amount Requested	Edit
Roof Man	Roofing	500.00	1
	Total	500.00	
Add HAFHR Assistance I certify that I understand cannot guarantee the com homeowner am responsib	that NDHAF is providing home repair assis apleteness of the project or the quality of t ale for this project. *	tance to help improve my access to a stable housing situa he work that is completed on my behalf. I understand tha	ation and t I as
Signed By	Signed Date		
Meghan Philbin	6/15/2022		
		Save Draft	Submit



Step 7: Application submission is now complete and in In-Review status.

The status of your application may be viewed by clicking on the **Applications tab** of the page's navigation bar.

The applicant will receive an email notification confirming the application submission.

Home	Program Overview	Applications	Help & Support	Language	English	~
•	Thank you for your s the status of your rec	ubmission! You v quest on the <u>App</u>	vill receive an email confirmation for your records, but you may also <u>print your re</u> lications page.	i <mark>quest</mark> . You maj	y track	



UPDATE DOCUMENTATION IN RE-REVIEW

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Department of Human Services

UPDATE DOCUMENTATION IN RE-REVIEW



In the event you need to resubmit missing information or documentation to complete your application process, you will receive a **Homeowner Application Email - Re-Review Window** notification confirming that the application is in the "Re-Review" Status.

Step 1: Follow the instructions in the notification and navigate to the **Homeowner Assistance Fund Application** dashboard to access an application in Re-Review Status.

- Click on the ellipses (...) next to the HAF Request in the **Re-Review Window** status (or Home Repair Request if applicable).
- From the drop-down, select **Request Re-Review.**



UPDATE DOCUMENTATION IN RE-REVIEW



Re-request Review Request 0032196		×
Please enter justification for your re-review *		
		11
Please attach any documentation for your re-review:		
Add Document		
Please refer to the list of required documentation for acceptable documents you can provide: <u>https://www.nd.gov/dhs/info/covid-19/rent-help.html</u>		
	Cancel	Submit

Click Submit.

Homeowner Email – Re-Review Submitted notification will be sent to the user confirming that an application has been submitted



UPDATE APPLICATION TO SUBMIT ADDITIONAL MORTGAGE OR HOMEOWNER EXPENSES

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Department of Human Services

Prerequisite: If applicable, during application review, a Case Reviewer will confirm via phone or email if the applicant would like to receive additional assistance for eligible expenses.

If the applicant accepts additional assistance, a **Homeowner Application Email - Re-Review Window** notification will be sent via email to confirm the application is ready to submit additional expenses.

Step 1: Navigate to the Homeowner Assistance Fund Application dashboard to access an application in Re-Review Status.

Click the "**Submit Additional Expenses**" button to complete application details for additional expenses.

HAF Request 0032202

Submit Additional Expenses

Step 2: The Housing Expenses section of the application is re-opened for the applicant to enter additional **loan** or **homeowner expenses**.

To add a Loan Expense,

- Select Yes, to Do you have an open loan on your home?
- Click Add Loan to enter loan expense.

To add a Homeowner Expense,

- Select Yes, to Are you seeking assistance with one or more of these homeowner expenses?
- Click Add Homeowner
 Expense to enter homeowner expense.





Step 3: Complete the expense forms to save expense information.

See <u>pages 31-35</u> for detailed instructions on completing loan information.

See <u>pages 36-38</u> for details instructions on completing housing expense information.

Step 3: Once expense information is entered, review the populated expense tables.

- Click the **Pencil Icon** to edit any of the existing expense information.
- Click Add Loan to add an additional loan expense.
- Click Add Homeowner Expense to add an additional homeowner expense.
- Click **Submit** to complete submission of the additional expense application
 (*Application will be closed and in Re-Review Status*)

Do you have an open loan on your home?*			
Ves No			
Loan Servicer Name	Loan Account Number	Monthly Payment Amount	Mortgage Position Edit
Gate City	104901	500.00	First 📝
Add Loan		L	
Applicants are eligible for the following expenses rr Expenses are as follows: Property taxes (Not includ Special Assessments, Delinquent junior liens, and 1	elated to housing other than Mortgage Payments an- Jed in mortgage payment) , Condo fees and Homeow Utilities (including water, wastewater/sewer, natura'	d incurred due, directly or indirectly, to the novel co rners Association Fees, Homeowners Insurance and F I gas, heating oil, electricity, and garbage).	rronavirus disease (COVID-19) outbreak. Accepted Flood insurance, Attorney's Fees, Tax liens and other liens,
Are you seeking assistance with one or more of the	se homeowner expenses?*		
Yes No			
Name	Amount requested	Expense Type	Expense Subtype Edit
Condo Owner	45.00	Condo Fee and Homeowners Association Fee	N/A
Add Homeowner Expense			
			Cancel

UPDATE APPLICATION WITH ADDITIONAL INFORMATION- HOME REPAIRS

Step 4: The applicant may also be eligible to receive additional Home Repair assistance.

Prerequisite: During the application review process, a Case Reviewer confirms with the applicant via phone or email, if the applicant would like to receive additional assistance for a home repair related expense.

The applicant will receive a **Homeowner Application Email – Update Application for Additional Home Repair Assistance** notification confirming that a Home Repair application has been opened.

UPDATE APPLICATION WITH ADDITIONAL INFORMATION- HOME REPAIRS



Step 4: Navigate to the **Homeowner Assistance Fund Application** dashboard to access an application in Re-Review Status

• Click the Home Repair Request link to open the Home Repair application

HAF Request 0037706 4256 RUSSET AVE S In Review	
Home Repair Request 0037707 > 4256 RUSSET AVE S Draft	•••

Follow steps in the <u>Submit Home Repair Section (pages 46-53)</u> to complete the application.



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Department of Human Services

PAYEE REGISTRATION OVERVIEW

Prerequisite: Prior to registering as a payee within the HAF Registration Portal, one of the following must have occurred:

- The State's HAF Outreach team calls the Payee notifying them that a HAF application has been submitted by one of their customers **OR**
- The Payee receives an email notification from the HAF Application Portal informing them a HAF Application has been submitted by one of their customers

AND

• The Payee completed OMB Registration (<u>OMB Registry Link</u>) by following the steps below:

To receive payments, providers must be a supplier with the Office of Management and Budget. If you have not yet registered to be a vendor, please follow the steps below.
NOTE: If you have already registered with OMB Vendor Registry you should use the same SUPPLIER ID and COMPANY ID as you have in the past.
STEP 1: Create a Supplier Account (This step is completed only 1 time.)
Register as a vendor on the ND Office of Management and Budget's Supplier Registry at https://bit.ly/2yK2Zba
Please allow 5 to 10 business days for OMB to process your request and send your Supplier ID.
STEP 2: Return to this ND Homeowner Assistance Fund page.
You will need both your Supplier ID and the Company ID you chose during your supplier registration.
Approved payments will be made directly to you, the supplier, either via check or ACH, depending on the method you chose when registered with OMB.

Select the following URL in the web browser:

Home - Homeowner Assistance Fund (servicenowservices.com)

When accessing the website, register as a payee and create a new account.

Step 1: Select **Are you a potential payee? Register Here** to be directed to the Payee Registration page.



Be Legendary.

Step 2: Enter all mandatory fields to complete account registration:

- First Name
- Last Name
- Email Address
- OMB Supplier ID
- OMB Company ID

Once you have entered a Supplier and OMB Company ID, click **Validate IDs** to confirm information.

Payee Registration			
To receive payments, providers must be a supplier with the Office of Management and Budget. If you have not yet registered to be a vendor, please follow the steps below. NOTE: If you have already registered with OMB Vendor Registry you should use the same SUPPLIER ID and COMPANY ID as you have in the past. STEP 1: Create a Supplier Account (This step is completed only 1 time.) Register as a vendor on the ND Office of Management and Budget's Supplier Registry at <u>https://bit.ly/2yK2Zba</u> Please allow 5 to 10 business days for OMB to process your request and send your Supplier ID. STEP 2: Return to this ND Homeowner Assistance Fund page. You will need both your Supplier ID and the Company ID you chose during your supplier registration. Approved payments will be made directly to you, the supplier, either via check or ACH, depending on the method you chose when registered with OMB.			
First Name: *		Last Name: *	
Email address: *		Confirm Email: *	
OMB Supplier ID: *		OMB Company ID: *	
	Velidating IDs		
	Do you service for another company: * 🔿 Yes 🔿 No		
	I/We understand that electronic submission of my/our application and electronic signature serves as written and signed attestations for the purpose of the program. *		
	\Box I/We agree that I shall not file any legal action for nonpayment for 30 days after the assistance period has ended. *		
	□ <u>Lagree to the North Dakota Privacy Policy</u> *		
			Submit



Step 3: Click on the Validating IDs to select the OMB Nickname associated with the Payee Step 4: Select Yes or No for the question: Do you service for another company?

- If Yes, click the Add Company button to enter the Company Name and Acronym ٠
- If No, continue to the attestation questions ٠
- Step 5: Select the attestation checkboxes

Step 6: Click Submit to complete registration.

		_
🖬 Company you	service for	×
Company Name: *		
Acronym: *		
	Save	
Do you service for an	other company:* 🔿 Yes 🔿 No	_
□ I/We understand that electronic serves as written and signed attes	.submission of my/our application and electronic signature tations for the purpose of the program. *	
□ I/We agree that I shall not file ar period has ended. *	ıy legal action for nonpayment for 30 days after the assistance	
I agree to the North Dakota Priv	acy Policy *	
	Submit	



PAYEE FIRST TIME LOGIN



Step 7: If the applicant is a Loan Servicer, they will now have to login and upload their Loan Servicer Collaboration Agreement.

Once credentials are received via the email notification, navigate to the application portal, and use credentials from the notification to log in.

Email notification will provide:

- Link to the application portal website
- Username
- Temporary password

LOG IN	
User name	
1	
Password	
Forgot Password ?	Login

PAYEE FIRST TIME LOGIN



Step 8: Follow reset password instructions to complete first time login.

- Enter the password you were given in your email in **Current Password**.
- Enter a new password and confirm it in the **New Password** and **Confirm new Password** fields.
 - The password must be between 8 40 characters long and contain at least 1 digit(s), 1 uppercase letter(s), 1 lowercase letter(s) and 0 special character(s).
- Click Submit.

(j) System administrator requires you to change your password		×
Change Password		
User name:		
John.Doe		
Current Password:		
New password:		
Confirm New Documents		
Confirm New Password:		
Submit		
	Ċ	Ĭ

COLLABORATION AGREEMENT UPLOAD

Step 9: Enter the application portal to upload documentation.

From the application portal, you will be directed to the document upload page. Click **Document Upload**.

If you are a Loan Servicer, select Add Document to upload the Servicer Collaboration Agreement.



Payee Document Upload	
Please upload a signed Servicer Collaboration Agreement.	
Add Document	


ND HAF SUPPORT INFORMATION

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Department of Human Services

RESOURCES



NWND Emergency Housing Stability

Applicant resources are available to you at <u>NWND Emergency Housing Stability</u> | Apply for Help

Direct Support

- For questions on system navigation or setting user preferences, contact the
 - Call center at 701.328.1907 or dhserb@nd.gov